



# Urban District of Lakes

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## ANNUAL REPORT

OF THE

# Medical Officer of Health

FOR THE YEAR

1955

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LIVERPOOL

C. TINLING AND COMPANY, LIMITED, PRINTERS, 53, VICTORIA STREET

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*To the Chairman and Members of the Urban District Council of Lakes.*

SIR, LADIES AND GENTLEMEN,

I have the honour to submit to you my Annual Report on the health of the Urban District during the year 1955.

Beneath the shadow of thermonuclear clouds the pessimists amongst us brood on cigarettes and diesel fumes producing cancer, and the ever-mounting cost of Britain's fairytale health service.

But the optimists see the recent victories of medicine, the opportunities for prevention, the way to a future which we believe will exist. One has to choose between mud and stars.

I wish to acknowledge the help and ready co-operation of my colleague the County Medical Officer of Health, and also the assistance afforded to me by the local general medical practitioners.

I am indebted also to the Sanitary Inspector and his staff for the spirit of teamwork which exists in my department, and for the fund of local knowledge which they have laid at my disposal.

I have the honour to be,

Sir, Ladies and Gentlemen,

Your obedient servant,

FRANK T. MADGE,

Medical Officer of Health.

### NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT

Area of the Urban District in acres	...	...	...	...	49,917
Population (Registrar-General's mid-year estimate)	...	...	...	...	5,500
Inhabited Houses	...	...	...	...	1,851
Rateable Value	{	old valuation	...	...	£55,668
		new valuation	...	...	£85,224
Product of a Penny Rate	{	old valuation	...	...	£217
		new valuation	...	...	£337
Rate in the Pound levied in 1954 on old valuation...	...	...	...	...	25/6d.
Of which the County Rate was	...	...	...	...	19/6d.

The Urban District of Lakes lies in the heart of the English Lake District and is the nucleus of the National Park. About three miles of the north-eastern shore of Windermere Lake is within the District and the inhabited areas are sited along three main valley systems which radiate from the Lake. To the west lie the Langdales, to the north the dales of Rydal and Grasmere, and to the north-east the Troutbeck Valley which leads over the Kirkstone Pass to the geographically detached dalehead of Patterdale and Glenridding at the head of Ullswater Lake. Your Council Offices are situated at Ambleside.

The valley bottoms lie between 150 and 300 feet above sea level in the major western portion, and in the Patterdale area at about 500 feet. The massive crags and fells rise steeply to altitudes of between two and three thousand feet, comprising some of the finest mountain scenery in Great Britain. Some of the valleys are wooded but the fellsides are majestically covered only by brackens and heather. The stone-built houses are scattered irregularly along the valleys, with only two large villages or townships of any size, Ambleside and Grasmere. The District is therefore essentially rural in character. These geographical features determine the natural lines of communication and therefore influence the spread of infectious diseases.

The geology of the District is almost entirely confined to the Borrowdale Volcanic Series of lavas, tuffs and agglomerates with some igneous intrusions. The lavas are mainly andesites with rhyolites at various horizons. The fragmentary rocks resulting from explosive eruptions vary from fine-grained tuffs and ashes to coarse agglomerates and breccias. Lateral pressure has converted some of the tuffs into slates suitable for roofing. In the extreme south of the District the thin bands of the Coniston limestone and Ashgillian series are interposed between the Borrowdale series and the commencement of the Silurian Rocks which stretch away to the South of the County. Workable deposits of non-ferrous metals, particularly lead, are found in the



north-eastern part of the District. These geological characteristics are of great significance in the supervision of water supplies, sewerage and occupational diseases as well as affecting the economics of the District.

The climate is mild and equable in the valleys, and invigorating on the fellsides and uplands. The dales of Rydal, Grasmere and Troutbeck are sheltered from the prevailing westerly winds, and, being open to the south provide full access to sunshine. The Langdales are more exposed, and Patterdale, although sheltered, has a northerly aspect. Temperature gradient inversions are occasional in the spring and autumn but are soon dispelled in the mornings. The rainfall averages 70 inches a year, but this figure is due more to the heaviness of the rain when it occurs rather than to an undue proportion of rainy days. Snow may be expected for one or two weeks in the late winter.

The District is predominantly a holiday centre for climbing, walking and enjoying the scenery of mountains and lakes, and there is a large influx of seasonal visitors which raises the population to an estimated peak of approximately 8,000. This tourist trade has been imposed upon the basic characteristics of agriculture, mainly sheep farming, and many of the small local industries are therefore ancillary to agriculture and the holiday trade. There are also slate quarries and lead mines which provide a certain amount of local employment and stability to the District to help balance the fluctuating conditions of the seasonal trades.

Opportunities for local employment help to check the drift from the countryside. These industries together with the trade associated with the hotels and boarding houses, have provided a limited economic security and local prosperity which is a most important factor in the maintenance of public health.

**STAFF.**

Name.	Qualifications.	Office.	Whole or Part Time.	Other Offices.
F. T. Madge ...	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health	Part	M.O.H. Combined County Districts of Westmorland
J. H. McAdam ...	Cert.S.I.B.	Sanitary Inspector	Part	Building Surveyor
A. Lambert ...	—	Clerk to 14.6.55	Part	—
J. Williams ...	—	Clerk from 21.7.55	Part	—
B. M. Machell ...	—	Clerk to Medical Officer of Health	Part	Clerk to M.O.H. Combined County Districts of Westmorland

**STAFF CHANGES**

Mrs. Lambert was replaced by Mrs. Williams as part-time Clerk during the year.

**COMMITTEES**

The Minister of Health requires me to include a list of your Council's committees which are concerned with matters of public health.

The Health Committee deal with the principal matters, but there are other aspects of public health importance which are dealt with by the Water, Highways, and Housing Committees.

## VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General, with figures for 1954 for comparison.

Area of the District in acres ... 49,917

	1954	1955
Estimated civilian population (mid-year) ...	5,510	5,500
Live Births. Legitimate— males ...	31	27
females ...	22	26
Illegitimate— males ...	2	1
females ...	—	1
Total ...	55	55
Crude rate per 1,000 population ...	9.9	10.0
Corrected rate per 1,000 population ...	10.2	10.4
Rate for England and Wales ...	15.2	15.1
Stillbirths. Legitimate— males ...	1	1
females ...	1	—
Illegitimate— males ...	—	—
females ...	—	—
Total ...	2	1
Rate per 1,000 total (live and still) births ...	35.0	17.8
Rate for England and Wales ...	24.0	23.1
Deaths. Males ...	29	40
Females ...	29	42
Total ...	58	82
Crude rate per 1,000 population ...	10.5	14.9
Corrected rate per 1,000 population ...	8.7	12.3
Rate for England and Wales ...	11.3	11.7
Infantile Deaths (under 1 year)		
Legitimate ...	—	—
Rate per 1,000 legitimate live births...	—	—
Illegitimate ...	—	1
Rate per 1,000 illegitimate live births	—	500
Total Deaths under 1 year ...	—	1
Rate per 1,000 live births ...	—	18.2
Rate for England and Wales ...	25.5	24.9



Neonatal Deaths (under 1 month)						
Total neonatal deaths	...	...			—	1
Rate per 1,000 live births	...	...			—	18·2
Rate for England and Wales	...					17·3
Maternal Mortality						
Total Deaths	...	...	...	...	—	—
Rate per 1,000 total (live and still) births	...	...	...	...	—	—
Rate for England and Wales	...				0·69	0·64

## Deaths from Certain Causes :—

	1954	1955
Cancer	8	14
Measles	Nil.	Nil.
Whooping Cough	Nil.	Nil.

## The main causes of death were :—

Heart Disease	...	30
Cancer	...	14
Vascular lesions of nervous system	...	1

## COMMENTARY ON THE VITAL STATISTICS

### Population

Your population at the 1951 Census was 6,096 persons, comprising 2,664 males and 3,432 females, an increase of 4.7 per cent since the 1931 Census. The Registrar-General's current estimate of your civilian mid-year resident population was 5,500.

The general indication is that your population is fairly stable, but a proper perspective cannot be obtained by considering merely one year's changes. It is the general trend of population which is important for the planning of your future housing, water and sewerage requirements, and for the broader issues of the economic prosperity of your District.

You have not maintained your population by your own reproduction. You have relied upon the yearly immigration of people from other areas to keep up your numbers. That is why you have a predominantly elderly population. The 1951 Census showed that the nett immigration since 1931 amounted to twice your natural decline by excess of deaths over births. Only about 55 per cent of the people in Westmorland were born in the County.

### Birth Rate

Your crude birth rate of 10.0 is a slight improvement on the 1952 record minimum. For many years it has been deplorably low, a mere half to two-thirds of the national rate. If your native community is to survive you must raise your birth rate well above your death rate, and to do that you will have to recapture and hold the faith of your young people in country life. It seems probable that the National Park will have a sterilising effect upon the community.

### Still-birth Rate

The still-birth rate was statistically insignificant.

## Death Rate

Your crude death rate was above the national average, your corrected rate less, but the general trend since 1935 has been almost identical with the rest of England and Wales.

## Infantile and Neonatal Deaths

There was one infant death. Your figures are too scanty to carry statistical significance on their own merits but as they run parallel with the figure for England and Wales I feel that they do reflect a very satisfactory improvement in child-care by the local doctors, nurses and above all, by the young mothers in their homes.

## Maternal Mortality

Your clean record has been happily maintained.

## PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES

*Public Health Act, 1936. Sections 143-170.*

*National Health Service Act, 1946. Part III.*

The general incidence of illness can be assessed by the weekly number of new claims for sickness benefit at our local National Insurance offices. A logarithmic graph of those figures shows a regular seasonal pattern over the year, and any variations are usually worth investigating. The general level is some measure of the local community health, and the extent of incapacity can be periodically gauged by noting the remarkable drop in claims in weeks which happen to include a public holiday.

1955 opened with a high level of general illness, a continuation of the undue rise in the autumn of 1954. People's resistance to colds, influenza and other respiratory infections had been depressed by the wet and cheerless summer of 1954, so that the usual February winter-time peak of sickness had already been reached before the start of 1955. The early months of the new year stayed high and had a final outburst of illness in March. Easter was the real turning point, the sun peeped through, and during following glorious summer we all had a chance to dry out our bones and our houses. All through the autumn and early winter we enjoyed good health and good weather. I am sure that the two go together.

NOTIFIABLE DISEASES TABLE.

DISEASE.	Total.	Ages.											Admitted to Hospital.	Deaths.
		-1	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-		
Scarlet Fever ...	15	—	—	—	—	1	9	4	1	—	—	—	12	—
Erysipelas...	2	—	—	—	—	—	1	—	—	—	—	1	1	—
Pneumonia ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	50	1	6	4	3	10	25	1	—	—	—	—	—	—
Food Poisoning ...	8	—	—	—	—	—	—	3	2	1	—	2	—	—
TOTAL ...	76	1	6	4	3	11	35	8	3	1	—	3	1	13



Turning to the incidence of notifiable diseases, 1955 was marked by two small epidemics, if the numbers can be dignified with such a name. The year opened with Patterdale traditionally following Penrith's example with a measles outbreak that lingered on well into the spring, and maybe was responsible for Ambleside having its autumn burst of cases. Superimposed across this pattern of measles were two small incidents of scarlet fever in Grasmere and Ambleside. Eight cases of food poisoning livened up the summer holidays, but none were very serious.

It is pleasing to record that the notification of infectious diseases has much improved in recent years, and I am very grateful to my colleagues in general practice for their prompt help in this respect. I look upon the control of notifiable diseases as one of the most important duties of our department. Patterns of thought change from time to time on these subjects, but the notifications provide the factual basis for controlling the spread of infections.

### **Whooping Cough**

Whooping Cough is being brought under control with depressing slowness. Artificial immunisation has been available for well over ten years and has been privately sought for their children by most of the intelligent parents in the country. The delay lies in its recommendation to that section of the community who have come to rely upon centrally inspired propaganda to direct their way of life.

Although the antibiotic drugs have reduced the complications, whooping cough remains a very lethal illness during the first few months of life, and a very distressing affliction at all ages. I believe that it could be virtually wiped out with a little more popular understanding and a lot more effort.

### **Measles**

Measles remains a disease which visits the area with periodical regularity. No effective artificial immunisation is yet available, but the use of antibiotic drugs has greatly reduced the incidence of pneumonia and ear disease complications in measles. It is in the first year of life that measles is such a deadly disease, so every effort should be made to keep babies away from infection. At one time "measles tea parties" were popular as a means of getting a family through the illness all at once, but it was hard on the younger members, and I would say that the longer you can put off having measles, the better will be the chances of complete recovery.



### **German Measles.**

German measles is not notifiable so I do not know how many cases occurred. Expectant mothers who contract german measles during the early part of pregnancy run an added risk of their children being born deaf, so it seems quite a good idea to get over this mild illness during school days, because the odds are that most people catch german measles some time in their lives.

### **Scarlet Fever**

Scarlet fever has been insignificant for many years and the illness is now normally nursed at home. Its continuance as a separate entity can hardly be justified, for it is merely one manifestation among many of infection with the haemolytic streptococcus organisms. The antibiotic drugs now cut short its progress and prevent its complications. I believe that scarlet fever should cease to be notifiable.

### **Diphtheria**

Diphtheria has not occurred since 1947. Artificial immunisation appears to have almost abolished diphtheria and I hope that serious epidemics of this deadly disease have been banned for all time. I wish to thank the local doctors and nurses for their efforts to secure artificial immunisation of every baby before the first birthday and the school medical officers for their part.

### **Smallpox**

Smallpox swept this countryside from time to time until some 50 years ago, when widespread vaccination checked its progress and vigilance at the sea ports prevented its importation. A generation has grown up which is blinded by the complacency of false security, not yet realising that air travel has made smallpox once more a very real risk to the community.

Persons from abroad, who may be incubating the disease, arrive in this country well within the incubation period. It is most important that all children should be vaccinated in infancy, and that adults should keep themselves protected, rather than rush in belated panic for mass vaccination when an outbreak occurs.

The present low vaccination state of the population is inviting trouble from this disfiguring and often fatal disease. I cannot stress too strongly the wisdom of taking obvious precautions against preventable diseases.

## TUBERCULOSIS

Tuberculosis is the most important communicable disease of our time. Its prevention is primarily dependent upon social and economic factors in the general community, and secondarily upon the management of the established case. Your Council's functions are three-fold : to investigate the source of infection, to prevent the spread of infection, and to remove conditions favourable to infection.

Investigation of the source of infection relies upon notification. Inquiries are made into the home and working conditions of the patient and into any outside possible sources of infection. Additional assistance is provided by the mass miniature radiography units of the Regional Hospital Boards, which offer free X-ray examination in each locality from time to time, and not only reveal the infectious cases but enable early cases to be offered the best possible chances of recovery. I regard the value of these X-ray visits as very great and I only wish that they could come more often.

Preventing the spread of infection depends mainly upon the management of the established case. Ideally, the infectious patient should be isolated, but if isolation in hospital is denied, reliance has to be placed on education of the patient in personal precautions, and your Council endeavour to ensure that the home conditions are such that an infectious patient is not compelled to share a bedroom with other members of the family who are still healthy, and where possible to rehouse young families who are sharing a house with infectious tuberculosis patients—rather an inadequate and pathetic makeshift.

Prevention of tuberculosis extends beyond the Home. Your Council have the duty of ensuring that an infectious patient is not employed in dairying or food handling, and persuasion is occasionally needed to avoid the undesirability of such a patient carrying on certain other employment which would create an especial risk to susceptible contacts. In many other workplaces control is impotent and spread may be unchecked. Perhaps immunisation with B.C.G. vaccine may protect susceptibles.

Removing conditions favourable to infection embraces the whole range of environmental preventive medicine. Housing and nutrition are probably the major factors. Slum clearance, reconditioning of houses, relief of overcrowding are the first steps, for tuberculosis thrives in damp, dark, congested dwellings, whether they be sited in an urban slum or rural solitude. Nutrition is undoubtedly significant in the prevention of infection and in the early arrest of tuberculosis. Protective foods are expensive to buy, medical treatment is free.

TUBERCULOSIS TABLE.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
15	—	1	—	—	—	—	—	—
25	1	—	—	—	—	—	—	—
35	—	—	—	—	—	—	—	—
45	—	—	—	—	—	—	—	—
55	—	—	—	—	2	—	—	—
65	—	—	—	—	—	—	—	—
TOTAL ...	1	1	—	—	2	—	—	—

The number of tuberculous patients on the register at the year end were :—

Respiratory ...	...	...	...	...	19
Non-respiratory	...	...	...	...	4
					—
					23
					—



The increase in attested herds, the eradication of tuberculous cattle, and systematic meat inspection are making notable progress in removing conditions favourable for bovine infection to be transmitted to man.

The supervision of dusty trades under the Factories Act reduces the risk of lung damage which may predispose to tuberculous infection, and the workers in these occupations are especially surveyed by the X-ray units.

Recent years have seen most encouraging progress in the treatment of pulmonary tuberculosis, but we have a long way to go yet in the preventive field. Your Council have therefore very considerable responsibilities in accepting the challenge of tuberculosis.

### **Hospital and Ambulance Arrangements for Infectious Diseases**

*National Health Service Act, 1946. Parts II and III.*

Hospital accommodation for infectious diseases is provided by the Regional Hospital Boards, Manchester and Newcastle, at Lancaster, Penrith, and Carlisle. Smallpox cases will be admitted to the Ainsworth Smallpox Hospital near Bury.

Ambulance transport for cases of infectious disease is provided by the Westmorland County Council.

### **Disinfection Arrangements**

Disinfection facilities for clothing and bedding are not very satisfactory owing to the lack of a steam disinfecter. Reliance is therefore placed usually upon disinfection with formaldehyde in the patient's house. Disinfection of premises and other chattels is carried out locally and presents no special problems.

## **HOUSING**

### **Housing Acts, 1936 and 1954**

Under the Housing Acts your Council has a duty to consider the general housing conditions in your district, to ascertain whether any are unfit for human habitation, and to assess the need for further houses. You have powers to deal with unfit houses, powers to provide new houses for all classes, and various powers and duties in the management of your Council's housing estates. Good housing conditions are an integral part of public health.

### **Present Housing Position**

*Housing Act, 1936. Section 57.*

There are 1,851 inhabited houses in your District. With an estimated population of 5,500 the average number of persons per house is 3.3. This figure is purely hypothetical since many of the better houses have only one or two occupants, and a number of the smaller houses are occupied or let furnished only in holiday times by absentee landlords. At the time of the 1951 census there were 1,534 private households living in 1,500 structurally separate dwellings.

It is probable that the dalesmen's houses have an average of at least four persons per house, which is not excessive for a normal-sized family and there is probably little overcrowding within the strict definition of the Housing Act, which assumes that living rooms are used for sleeping purposes, and that the sexes can be segregated irrespective of age, health and family relationship. Assessment of overcrowding based on a minimum bedroom standard is long overdue and would provide a more realistic picture of the domestic difficulties which are reflected in the application lists for new houses.

It is probable that overcrowding is temporarily increased during the peak of the holiday season, but no certificates under Section 61 of the Housing Act 1936, have been granted by your Council to authorise exceeding the permitted numbers.

Since most of the smaller property is very old the structural state is not good. Many of the houses suffer from rising dampness due to the absence of damp-proof courses which cannot be remedied without extensive works in under pinning. The sound methods of the original construction have ensured that deterioration of the structure is a very slow process, but heavy repair costs and low rentals have made housing repairs unprofitable to the landlords.

Apart from structural defects there is a general lack of the ordinary decent amenities in most of the smaller houses. My report of 1947 sets out the detailed figures in each Parish in your District. There is a lack of internal water supplies, of proper washing facilities, of water closets and of electricity. Even in Ambleside and Grasmere only half the houses under £22 rateable value have fixed baths.

These conditions may appear quaint and interesting to casual visitors, but they are disgusting and disheartening to those of your folk who have to live in them. Your Council is vigorously striving to bring water, sewerage and electricity to the valleys as the first essential step towards cleaning up the District.



The Rural Housing Survey results were presented to your Council in 1947 and I hope that the money you spent on making that detailed survey will not be wasted by filing away and forgetting the Report which was a starkly realistic social record of your home conditions, which have not since then shown much change for the better. It is a pity the facts are so unpalatable.

### **General Progress of Slum Clearance and Improvements.**

Westmorland as a whole has made very encouraging progress in post-war slum clearance despite all the difficulties of the times. Since the campaign was resumed in 1948 well over 540 houses in the County have been dealt with by formal action under the Housing Acts. Most of these will eventually be demolished or converted to trade use, but about 15 per cent of them have been reprieved by their owners undertaking to spend considerable money for comprehensive reconditioning up to modern standards. In addition to those formal actions there have been a very creditable number of informal schemes for the renovation of sub-standard houses, either with the aid of improvement grants or entirely by private enterprise. The aim is to save a house wherever possible, but if it cannot be brought up to an acceptable standard of safety, decency and amenity the sooner it is swept away the better. For various reasons your own District has made far less progress in slum clearance than the County as a whole.

Rural slums may be more picturesque than city slums, escape into the beautiful countryside may be easier, but within the four walls of a house the distinction is not so evident.

The delayed start in new building made any serious attempt of slum clearance in your District almost impossible for the first seven years after the war. A start is now being made to deal with those houses which have decayed to the stage of being structurally dangerous, and to commence action against any particularly bad houses which are brought to especial notice.

The Housing Act, 1949, offers financial grants to owners to recondition existing houses in a comprehensive manner, and I hope that owners of Class 4 and 5 houses will consider the possibilities of each house with a view to maintaining the architectural traditions of the District and making decent houses for our dalesfolk.

The Act also gives your Council extensive powers to acquire and recondition suitable sub-standard houses. This might be a lot quicker and cheaper than new building but it would meet only part of the demand. Courage would be required to reap full advantages for such

schemes. Full advantage has not been taken of either of these measures, and the best hope seems to lie in cashing-in on the whimsey museum-worship of the National Park by people who have more money to burn than our local folk.

The Housing Repairs and Rents Act, 1954, required your Council to declare their proposals for dealing with substandard houses. You resolved to deal with the estimated 87 unfit houses within the next ten years, which means speeding up your action. The Minister of Housing and Local Government approved the proposals, and they are now on deposit for public inspection.

### **Closing Orders**

*Housing Act, 1936. Section 12.*

*Local Government Act, 1953. Section 10.*

1 closing order was made during the year. Two such orders are on the register of local land charges.

### **Undertakings**

*Housing Act, 1936. Section 11.*

No undertakings not to use houses for human habitation were accepted during the year.

Undertakings not to use houses for human habitation were in force on 27 premises.

14 improvement grants were approved under the Housing Act, 1949.

### **Demolition Orders**

*Housing Act, 1936. Section 11.*

No demolition orders were made during 1954. One demolition order was outstanding on Island View Cottage, Grasmere. This order was made by your Council in 1937, but was not enforced, and the house was illegally occupied. The occupier died during 1955, and because of the likely adverse effect on the adjoining property of demolishing the cottage, the Demolition Order was converted into a Closing Order under Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953.

### **Clearance Areas**

*Housing Act, 1936. Section 25.*

An outstanding clearance order exists at Township, Patterdale. There are six houses in this Order. One is empty, one is occupied by an original tenant who refused the offer of a Council house, and four

were allowed to be re-occupied by evacuees during the 1939-45 War on the understanding that they would return to their own area after the war. The houses are not occupied under licence nor requisitioned under Defence Regulations and their position is now irregular. Your Council propose to rehouse this second sitting next year and then enforce the clearance order. The fruition of the plans of a quarter of a century ago will produce a very much needed road widening in Patterdale Village.

### **Estimated Requirements for New Houses**

*Housing Act, 1936. Section 71.*

In conjunction with your Building Surveyor I estimate that the following figures will provide an approximate guide for your future planning of housing requirements :—

Replacement of condemned houses still occupied	...	...	10
Replacement of Class 5 houses (condemnable)	...	...	77
			<hr/> 87 <hr/>

I have the exact details of the location of the condemned and condemnable houses.

Your waiting list for new houses during the year was 100 comprising 26 families without a separate home and 74 families who desire to change their present house.

In addition to these 87 houses required there is a demand from persons now resident outside the area for houses nearer their work within the Lakes Urban District.

### **Local Authority Housing Schemes and Progress**

Since the end of the 1939-45 War and up to 31st December, 1955 your Council completed 75 houses. 10 were under construction. The Glenridding Scheme was well advanced at the year end, but the Langdale Scheme makes slow progress. 8 further flats at Glenridding are proposed.

The selection of centrally placed sites I feel will be particularly important for old people who need some community help in the time of their difficulties, but who enjoy the pride of their independence at other times.

### **Private Enterprise Building Progress**

During the same post-war period twenty houses were completed by private enterprise, 3 during the current year, and 2 were under construction at the year end.



### **Tenants Selection**

The present method of selecting tenants for your Council houses is for all the applications to be considered and then selection is made according to need. No points system is in operation and there is no anonymity. This results in a considerable amount of personal canvassing by the more persistent applicants, and the occasional emergence of pressure groups.

Tenants for newly erected houses are chosen by the Housing Committee, while tenants for existing houses are chosen by the Health Committee. The seemingly illogical procedure is however, neutralised by the happy coincidence of all the same councillors being on both committees, and also constituting the full Council. To the uninitiated it might seem a little confusing at first sight, but with patience it can be explained to housing applicants.

### **Housing Management**

Your Council now own 132 houses. Routine repairs and maintenance are carried out by local contractors. Your present estates do not justify the employment of direct labour, but in the years to come the number of your houses will be increased and the maintenance will require constant attention and you may be faced with considerable reconditioning of the rural houses.

The rents of your Council houses vary between 8/9d. and 22/6d. exclusive of rates. From these figures you will see that the present day building costs will not enable you to maintain low rents on your new houses unless there is a substantial increase in the rate of Government subsidy.

The rateable value of your Council houses vary between £8 and £19.

The examination of rentals and rates may not seem at first to have much to do with public health, but it does have considerable significance. It is not unknown for persons who have been rehoused from poor quarters into modern Council houses to have to pay their rents and rates from the portion of their income which rightly belong to the purchase of food. Domestic economy can effect the general standard of the public health almost as much as environmental conditions, and some attempt must be made to maintain a balance between these conflicting factors.

### **Verminous Houses**

*Public Health Act, 1936. Sections 83-85.*

No action was necessary during the year.

**Nuisances and Notices re Dwellings**

*Public Health Act, 1936. Section 91-100.*

During the year the following action was taken :—

Preliminary Notices served	...	...	...	...	208
Statutory Notices served	...	...	...	...	0

In no case was it necessary to obtain an abatement order from the Court.

**Certificates of Disrepair.**

*Housing Repairs and Rents Act, 1954. Section 26.*

No certificates were issued during the year.

**Dangerous Buildings**

*Public Health Act, 1936. Section 58.*

No action was taken during the year.

**Tents, Vans, Sheds and Movable Dwellings**

*Public Health Act, 1936. Sections 268-270.*

5 licences were in force during 1955 for camping sites and 5 for individual caravans.

An attempt is made to make licences reconcile with planning approval.

Your Council imposes conditions upon the grant of licences and requires their annual renewal. As this district is the nucleus of the National Park it is most desirable that strict but unobtrusive supervision should be exercised over camping sites to ensure that the natural beauty of the country is not despoiled by the careless few.

Unlicensed camping sites are scattered throughout the entire District, but very little nuisance arises from casual campers except on White Moss common, where considerable fouling occurs in summertime. Elsewhere the improvised sanitary arrangements and refuse disposal cause little nuisance, but casual campers take water from polluted becks at their own risk.

**Parks and Public Open Spaces**

Ambleside, Grasmere and Glenridding have formal parks or recreation grounds which are much used by children and elderly persons for whom the wild nature of the fells is too strenuous. Many of these places have beautiful vistas of the surrounding district and are sheltered from the prevailing winds.

**Bathing Facilities**

Your Council maintain the changing and life-saving provisions at Waterhead where a shallow portion of Windermere Lake is used for bathing.



## WATER SUPPLIES.

*Water Act, 1945.*

### **General**

The public water supplies are installed in six areas of your Urban District, Ambleside, Grasmere, Hartsop, Chapel Stile, Glenridding and Little Langdale. The quality of the Ambleside and Grasmere supplies is satisfactory after treatment but the Chapel Stile supply is variable. The results of laboratory examinations of the raw and treated waters are set out in Appendix "A".

The Grasmere Supply is unfailing in quantity. The Ambleside supply is generally adequate except in periods of drought, when the grossly excessive consumption makes it necessary to purchase water from the Thirlmere aqueduct of Manchester Corporation.

The Chapel Stile supply runs very short in dry weather but your Council has a chlorinated ancillary supply from the main beck.

The Hartsop supply completed in 1949 and the Little Langdale supply in 1951, seem to be meeting the local needs.

### **Ambleside Supply**

The source is Scandale Beck, which is upland surface run-off from the rocks of the Borrowdale volcanic series. The gathering ground is uninhabited, but sheep grazing throughout the year and cattle grazing in summer-time occur above the intake. The beck comes down alongside a popular walking route, and, although pollution is minimal and dilution is great, the water is strained through a copper screen and chlorinated. A covered storage reservoir of 300,000 gallons storage capacity has a top water level of 442 O.D.

The supply to Ambleside and parts of the parishes of Rydal and Loughrigg is thence by gravitation. The average daily consumption is about 350,000 gallons or about 143 gallons per head for 2,450 estimated consumers in 754 houses, which suggests enormous wastage. The headworks were constructed in 1881. A new trunk main replacement in Ambleside is needed.

### **Grasmere Supply**

The source is Tongue Ghyll, which is also upland water from similar rocks on an uninhabited catchment area. Sheep grazing occurs throughout the year, and the ghyll is followed by the track leading down from Grisedale Hause, much used by holiday walkers. The water is therefore filtered through limestone and chlorinated. There is an uncovered storage reservoir nearby of 100,000 gallons capacity, with a top water level of 648 O.D. The supply to Grasmere township is thence by gravitation, and the average daily consumption is about 100,000 gallons

or 118 gallons per head for 850 consumers in 259 houses. The head-works were constructed in 1901.

### **Chapel Stile**

The main source is Meg's Ghyll, which is also upland water from Borrowdale volcanic rock. The gathering ground is uninhabited, but light sheep-grazing occurs throughout the year. The water is untreated and is very variable in bacteriological quality. There is a small tank of 5,000 gallons capacity by the intake, but there is no storage reservoir. The supply to the villages of Chapel Stile and Elterwater is by gravitation. The average daily consumption is about 8,000 gallons or 200 gallons per head for 500 estimated consumers. Although there is excessive waste the storage capacity is so small that the supply fails in time of drought.

The emergency source is water pumped from a sump-hole in the valley gravel bed near New Bridge into the rising main of the Meg's Ghyll system. The water is chlorinated and mixed with the water from the other source. It is probable that this ancillary supply will be required only in times of extreme drought, but I see no reason why it could not be used for meeting any increased demand caused by extension of the present system of mains.

### **Hartsop**

The source is from springs on the fellside above the hamlet. Sheep grazing occurs on the uninhabited catchment area. The water is fed from catchpits into a concrete tank of 11,000 gallons capacity, with a top water level of about 690 O.D. The water flows by gravity untreated to the hamlet. The headworks were taken over and reconditioned by your Council in 1949.

### **Patterdale**

Glenridding and Patterdale are indeed in a parlous state. The private supply systems have progressively deteriorated since the war, and in recent summers there has been a constant cry of despair at water-closets that will not flush, and taps that have yielded not much more than a reluctant trickle of dirty water, while hundreds of visiting holidaymakers do not appreciate our primitive ways of living, and often do not hesitate to say so.

In 1949 the Mining Company kindly allowed your Council to tap water from their turbine feed at Rattlebeck, but the wooden flume is in a decaying state and will not be replaced when it collapses. In 1955 the position was even more acute due to the fine summer and the thousands of visitors who came to watch Mr. Campbell's attack on

the world's water speed record. Your Council had to erect a standpipe in Glendridding with a warning to boil the water, and supply the village with untreated water from an unsafe source, normally used for flushing the public conveniences. I hope that next summer will be the last we shall have to endure such difficulties.

### **Little Langdale**

The source is Grains Ghyll, which is upland surface water from volcanic rocks. The gathering ground is uninhabited but grazed. The water is collected into a concrete tank of 7,000 gallons capacity, with a top water level of 620 feet O.D. The water flows by gravity untreated to the consumers. The works were completed in 1951.

### **General**

Outside the areas of the public water supplies conditions are generally poor. There are a few small privately-owned systems of varying quality, and the rest of the District relies upon becks, small runners, superficial springs, and the surface drainage catchpits, unreliable in yield and many of undesirable quality.

No comprehensive survey has been made of individual private water supplies, and staff shortage precludes one in the near future.

Shortage of water is brought to my notice in times of over a fortnight's dry weather by the frequent complaints of distress from the populated areas of Troutbeck and Patterdale. It is ironical that a district with 70 to over 100 inches of rain in a year should be short of water, but the reason is that the impervious volcanic rocks cause a rapid run off and the storage capacity of privately-owned systems has been dictated more by economy than foresight. The quality of the average private supply fluctuates widely, and I can do no more than warn the users that they drink it at their own risk, that they should have it tested for purity at regular intervals, and that if in doubt they should boil it.

Although your Council prepared schemes for improving the worst areas of Patterdale and Troutbeck there have been many difficulties both national and local, and very slow progress has been made.

The frustrations have been a source of sorrow to your Council and have aroused impatience or despair in the folk who live in these areas. They have prevented the bringing of the amenities of a safe and sufficient water supply and the decencies of a twentieth-century sanitation system into the more populous parts of your rural areas. I hope that when controls and restrictions are removed we shall be allowed to set our houses in order.



## General Provisions of Baths and Sinks

The 1951 census showed that your District held 1,534 households, of whom 675 (or 44 per cent) had no fixed bath. 165 of them had no kitchen sink.

## Water Schemes

The Patterdale Scheme was commenced in the days of the West Ward, before the parish was transferred to form a constituent of the Lakes Urban District in 1935. A scheme was drawn up to use water from a group of springs above Braesteads Farm in Grisedale to supply both Glenridding and Patterdale. Negotiations for the acquisitions of the source were protracted but by 1949 the scheme was submitted to the Ministry of Health for approval and loan sanction. The Public Inquiry was held during 1952 but the publication of the Cumberland and Westmorland water survey caused the whole matter to be returned for examination of an alternative supply from the Hayeswater main which serves Penrith. After that suggestion had been dismissed, and various other red herrings had caused still more delays, the scheme was finally approved, and, unless someone conjures up a last minute impediment, there seems a glimmer of hope that work may start next year.

Your Council's scheme for Great Langdale seems to have been shelved since the Little Langdale system was constructed. The scheme is not likely to be resurrected unless the residents of Great Langdale press for it, and even then it seems probable that the cost would frighten them off. At the present time they are fully absorbed in trying to get electricity into Langdale, so I doubt if the water scheme will be revived this century.

The Troutbeck water supply has been discussed several times, with a special revival of interest during the war years. This village is in the area of supply of Windermere Urban District. Your Council were taking steps to have it transferred to your own area of supply, but your two Councils could not agree on the price to be paid. Just another of the difficulties which bedevil making progress in Westmorland. Meanwhile this village is dependent for water upon a series of catchpits, becks, and small installations which are very unreliable in yield, almost dry-out in times of drought, and whose quality is very variable. Your Council's consulting engineers prepared a scheme during 1949 for supplying the village from Woundale Beck. The approval of the County Council was obtained, but at the year end the scheme had not reached the stage of submission to the Ministry.

The cost of the Woundale Scheme threw a chilling shadow. The Cumberland and Westmorland water survey report raised the alternative of pumping up water to Troutbeck from the Manchester aqueduct, and various local experts put forward unsubstantiated reports of sufficient water being available on the local fellside. So it goes on. I think that Troutbeck is the only village of any significant size in Westmorland which is now without a piped public water supply, and I wonder if I shall live long enough to see one.

### **Safeguarding of Purity**

A scheme for the general safeguarding of the purity of the public water supply was instituted during 1948. The elementary precautions of the medical examinations of workmen, and the regular laboratory examination of the water should protect a popular holiday area from serious water-borne diseases. Its efficacy will depend on how conscientiously it is carried out ; that is up to your Council.

## **SEWERAGE**

### **Disposal Methods and Works**

*Public Health Act, 1936. Section 15.*

Public sewerage systems are at present very limited in the District. Ambleside is the only area within your District which possesses a sewage disposal plant of any size. These works had not been functioning efficiently, due to disrepair, and certain shortcomings in design. The final effluent was very variable in quality during normal working, and extremely bad during the bizarre weekly flushing technique, causing massive pollution of the river with untreated sewage.

Your Council's consulting engineers submitted to you during 1949 a scheme for major reconstruction of the works, but as the cost was very high an alternative proposal was made to effect certain improvements and urgent repairs which may at some future time be incorporated in the larger scheme. These repairs were completed in 1955, and included the very much needed extensions of the sludge drying beds, and the replacment of the obsolete gas engines with automatic electric compressors for the ejector system bringing sewage from Waterhead.

Those works are not by any means the complete answer to the difficulties, and attention is being directed to modifying the techniques of using the storm tanks, desludging the sedimentation tanks, and scouring down the main outfall sewer. Your Council still have a fair way to go in getting Ambleside sewage works into an efficient state.



Chapel Stile is sewered into a large septic tank which has an outfall into the river. It is not entirely satisfactory in operation, and probably inadequate for any further developement.

Troutbeck has a short length of sewer which serves only a few houses and leads into a small septic tank belonging to your Council. It does not seem to give much trouble.

Patterdale is sewered by a short length of piping into a septic tank belonging to your Council in Robinson's field.

No public sewerage exists in Glenridding, Rydal and Little Langdale, nor in the more scattered rural hamlets and townships.

Grasmere has a very primitive sewerage system which serves only a small part of the township, and discharges into an open ditch at Pavement End Farm, causing intermittent nuisance. It is in urgent need of improvement. Your Council decided in 1955 to divert the sewer, and construct a disposal tank, with subsequent filtration through the gravel. The rest of Grasmere is served by many individual cess-pools, cesspits and septic tanks, which are emptied from time to time by your Council. In general their effluents pass into the gravelly subsoil and cause little nuisance except on the harder land bordering the valley bottom. A sewerage scheme for Grasmere will be needed some day.

### **Prevalence of Water Closets and Other Methods**

Water closets have been installed mainly in the areas which are served by public sewers and in the better type of house where private sewage systems have been made. The 1951 Census showed that 289 households, or roughly a fifth of your houses, were without a water closet. Since that date the only significant improvements have been made in Glenridding.

Langdales, Patterdale and Troutbeck are the worst parishes, and as your District is the nucleus of the National Park and will receive an increasing number of holiday visitors from this country and overseas, it is most desirable that the extension of your sewerage schemes shall be followed by the conversion of earth-closets, privies and privy-middens to more modern hygienic water-closets.

### **Conversions**

*Public Health Act, 1936. Section 47.*

9 conversions to water closets were made during the year and 5 grants were made by your Council for this purpose.

### **Public Conveniences**

*Public Health Act, 1936. Section 87.*

Public conveniences are situated at Ambleside, Glenridding, Grasmere and Waterhead. The recently constructed convenience at Glenridding not only serves a long needed demand by the holiday-makers from the Lake Steamers, but it was of particular value in 1955 to cope with the enormous crowds watching Mr. Campbell's *Bluebird*. Jenkin Field was temporarily converted into a lucrative car park, and the only real difficulty arose from the unexpected volume of sewage bubbling up through the gravels to play leap frog with the Surveyor's valiant efforts to lay pipes fast enough. Luckily Mr. Campbell broke the world's water speed record before we reached the lake. The waves subsided on Ullswater to leave us in peace with the pride of having given a useful service for the price of a severe practical test of our little sewage system.

All our public conveniences suffer grievously at the hands of those hooligans who do such wanton damage to the fittings, and exercise their perverted artistic talent on the walls. It seems a curious trend in public morals. The tradition of lewd writing and drawing on lavatory walls has continued since Ancient Greece, with variants of style dictated by each nation's salacious humour. Perhaps it is better that the unrestrained should work off their feelings in this way in preference to more physical expression. Petty thieving of money from the coin-boxes is a healthier manifestation of dishonesty, and inevitably brings its own retribution. The swopping of signs between the ladies and gentlemen's conveniences is no doubt an entertaining practical joke when done for the first time. But the sheer malicious damage of pipes, seats, pedestals, and other fittings, all public property, is so sad. Perhaps the answer lies somewhere in the field of preventive psychiatry. The immediate result is that the ratepayer has to foot the bill, and hope that he will be able to put his foot in a more effective place when the offenders are caught.

## **PUBLIC CLEANSING**

### **Refuse Collection**

*Public Health Act, 1936. Section 72.*

Domestic refuse is collected from the whole of your District with the exception of a few detached and isolated dwellings. Your Council's own vehicle and staff are used for the work.

## **Refuse Disposal**

*Public Health Act, 1936. Section 76.*

Disposal of refuse is carried out by partially controlled tipping on 3 sites at Grasmere, Patterdale and Brathay.

The whole matter of refuse disposal has always been a difficulty in your District. The natural beauty of the country ought not to be desecrated by multiple dumps of ugly human refuse, yet the refuse must be put somewhere and the land does not yield enough covering material to hide and minimise the consequent nuisances of unsightliness, smell, rats and fire. In the days of horse-drawn refuse carts and local contractors it was obviously imperative to use multiple local tips but now motor transport has changed the situation. You need more labour to conduct your tips properly and you may need to acquire covering material. Controlled tipping ought to be universal in a National Park, and the creation of serious nuisances is indefensible. I think you should aim at centralising your tips, thus limiting the nuisances and favouring better supervision of the tip faces.

The Brathay tip is in full use after some initial difficulties. It offers space for a very long time, and as it lies within the area of another local authority I hope that controlled tipping technique will be observed to the standards set by the Ministry of Housing and Local Government.

The Grasmere tip is well screened from view and away from the township, although it is alongside the main road. It is being finished off to levels before it rises any more above the surrounding land.

The Patterdale tip at Millness Common is naturally screened from the road and offers space for a considerable time to come, but it needs much more supervision to abate nuisances.

## **Street Cleansing**

*Public Health Act, 1936. Section 77.*

The work is undertaken by the Highways Department and the streets are well maintained.

## **FOOD AND DRUGS**

### **General Powers**

*Food and Drugs Act, 1938.*

Your Council bear most of the statutory responsibility for safeguarding the public from foodborne diseases. The main aim is directed towards securing proper and hygienic conditions for the manufacture, preparation and sale of food. The secondary aim is to trace and localise any outbreaks of disease which may occur in spite of preventive measures.



### **Precautions against Contamination**

*Food and Drugs Act, 1938. Section 13.*

Food hygiene is steadily improving throughout your area. Public opinion is well ahead of the law and most traders are aware of the fact. the good food trader does not need official instruction in basic cleanliness or the enforcement of legal minimum standards. He may welcome advice on technical problems, but his aim is how high he can get, not how low he can get away with.

We have now passed the stage of educational approach. A small minority of food traders have remained untouched by years of hygiene propaganda, unmoved by conscience, and unwilling to believe that the law need apply to them as they pursue their unsweet ways. They hoard masses of filthy junk in their food stores, cling on to ancient stocks of rotting food, tolerate disgusting staff toilets, and even have the effrontery to appear before their customers in dirty and greasy overalls. I repeat that the bad traders are now only a very small minority, and they are being dealt with in no uncertain fashion whenever they are reported.

During the year 7 formal cautions were issued to particularly bad cases in your area, warning them of their last chance to avoid prosecution by bringing their food premises up to at least legal minimum.

Very few food traders or caterers have taken up my challenge for them to invite their customers to look behind the scenes. It is done with pride by the shipping companies on most of the sea-going liners and I hope that we are not ashamed to do the same on land. It would have a magnificent advertisement value, and the public would be left to draw their own conclusions about the others. A clean kitchen and clean staff are far more important than fancy titivations in the dining room. Every customer should feel confident that the food he eats is safe and has been safely prepared. He has a right to be so protected and your Council are the guardians of that right.

The responsibility for safe food does not rest entirely with the trader as the housewife must play her part as well. Quite a lot of strange things happen to food between the shop counter and the dinner plate and the educational campaign has had to be carried into the home. Every link in the chain of infection must be remembered ; that chain hangs as a symbol over every water closet in the district. Personal hygiene is the keynote, whether it be fostered by posters and propaganda, or taught to the children in simple nursery jingles. Foodborne diseases, mild dysenteries and attacks of diarrhoea and vomiting are not infrequent



in our homes and among our visitors. I am confident that higher standards will reduce these preventable diseases.

### Ice-Cream Trade

*Food and Drugs Act, 1938. Section 14.*

*Ice-Cream (Heat Treatment, etc.) Regulations 1947.*

The following premises were registered under Section 14 of the Food and Drugs Act, 1938.

Manufacture by hot mix, cold mix, storage and sale	...	2
Manufacture by cold mix, storage and sale	... ..	1
Storage and sale only	... ..	37

### Prepared Meats

*Food and Drugs Act, 1938. Section 14.*

The number of premises on the Register under Section 14 of the Food and Drugs Act, 1938, used for the preparation of sausages, potted meats, pressed meat, and pickled foods was nine at the year end. No particular difficulties have been encountered in these trades.

## MILK

### Registration of Milk Distributors and Dairies which are not Dairy Farms

*Milk and Dairies Regulations, 1949.*

Total number of registered Distributors	... ..	1
Total number of registered Dairies	... ..	1

The retail distribution of milk is both by bottled milk and the old-fashioned loose method. Traders are becoming keener to meet the desire of the enlightened customers for bottling. Milk-round vehicles are maintained generally in a clean condition.

### Cleanliness of Milk

*Food and Drugs Act, 1938. Section 68.*

No samples of milk were taken for cleanliness during the year.

### Pathogenic Organisms in Milk

*Food and Drugs Act, 1938. Section 68.*

No samples were sent for biological tests.

No notices were issued under the Milk and Dairies Regulations prohibiting persons from taking part in dairying activities.

**Designated Milk Licences***Milk (Special Designations) Regulations.*

Your Council is responsible for the granting of dealers' and supplementary annual licences for the sale of Tuberculin Tested and Accredited milks. The following licences were in force during the year :—

One dealer's Licence for Pasteurised Milk.

One dealer's Licence for T.T. Milk,.

**Licensed Slaughterhouses and Knackers' Yards***Food and Drugs Act, 1938. Sections 57-61.*

There are no slaughterhouses and no knackers' yards in your district.

**Condemnation of Meat***Food and Drugs Act 1938. Sections 10 and 12.*

All slaughtering is carried out at the Kendal Abattoir where the meat is inspected by the Borough Inspectors. No meat was condemned after distribution in your district.

**Condemnation of Other Foods***Food and Drugs Act, 1938. Sections 10 and 12.*

The following foodstuffs were condemned by your Inspector during the year :—

Tinned Fruit	...	...	...	...	35 lbs.
Tinned Eggs...	...	...	...	...	14 „
Tinned Meat...	...	...	...	...	78 „
Salmon	...	...	...	...	12 „
Black puddings	...	...	...	...	40 „

**Method of Disposal of Condemned Food.**

The Minister of Health requires me to describe the current methods for the disposal of condemned food. In this District it is by burial at Ambleside Tip.

**GENERAL SANITARY INSPECTION.**

Your Council employ one part-time Sanitary Inspector and his salary is apportioned between his sanitary inspection duties and his other duties in a proportion approved by the Ministry of Health. You receive through the County Council, a grant of one-half of that apportionment of his salary allocated to sanitary inspection, and this should therefore be the basis upon which his time is devoted to the various duties.

Although the relaxation of the civil building control afforded some relief a very much greater added burden was imposed by your Council accepting delegated powers under the Town and Country Planning Act, 1947.

This involves a volume of detailed clerical work of an imperative nature which is hardly commensurate with the few powers conferred on your Council. The bulk of this work falls upon the same man.

It is difficult to arrange duties in combined appointments in a small local authority, particularly when an inspector is single-handed, and there has to be considerable elasticity to cover all the responsibilities. Your Council contemplate certain internal reorganisation of staff which may help the position.

Your Inspector carries out his duties in a most able manner, and during the year he made 938 inspections on all types of work, but there is a limit to what one man can do in a day, and we are both anxious to maintain the efficiency of our Department in carrying out your Council's responsibilities.

Tabulated summary of work carried out by the Sanitary Inspector :—

Housing Inspections	...	...	...	...	...	...	110
New Houses	...	...	...	...	...	...	130
Building Bye-laws (Town & Country Planning Act)	...						153
Food Premises	...	...	...	...	...	...	37
House refuse removal	...	...	...	...	...	...	38
Factories	...	...	...	...	...	...	6
Surveys	...	...	...	...	...	...	5
Drainage	...	...	...	...	...	...	116
Infectious Diseases	...	...	...	...	...	...	29
Rooms fumigated	...	...	...	...	...	...	21
Caravans	...	...	...	...	...	...	18
Miscellaneous	...	...	...	...	...	...	158
Sewerage Disposal	...	...	...	...	...	...	111
Water Supplies	...	...	...	...	...	...	6
							<hr/> 938 <hr/>

### Offensive Trades

*Public Health Act, 1936. Section 107.*

There are no offensive trades in the District.

### Factories

*Factories Act, 1937.*

There are 50 factories on the Register. Six inspections were made and no written notices were served. No Legal Notices remained out-

standing at the end of the year. No prosecutions were required. No references were made to H.M. Inspector and none were received from him.

No lists of outworkers were supplied to your Council by factory owners and I have no official knowledge of any cases of default in this respect.

There are no basement bakehouses in the District.

### Factory Inspections.

Premises.	Number of Premises.	Number of		
		Inspections.	Written Notices.	Occupiers Prosecuted.
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	15	2	—	—
Factories not included in (1), in which Section 7 is enforced by Local Authority ... ..	35	4	—	—
Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ... ..	—	—	—	—
TOTAL ... ..	50	6	—	—

No defects were found.

Form 572 (revised) was sent directly to the Ministry of Labour and National Service, giving details of your Urban District's administration of the relevant sections of Parts I and VIII of the Factories Act, 1937, in accordance with Section 127 of that Act.

### Shops Act, 1950

37 visits were made under the Shops Act for the supervision of sanitary accommodation, washing facilities, and the maintenance of suitable temperature. Informal Notices were served whenever any contraventions were observed.

### Common Lodging Houses

*Public Health Act, 1936. Part IX.*

There are no registered common lodging houses in the area.



### **Rent Restriction Acts**

No action was taken during the year under the Rent and Mortgage Interest Restriction Acts and any contraventions of Section 4 of the Housing Act, 1936, regarding rent book entries were corrected informally.

### **Smoke Abatement**

No action was required.

### **Laboratory Services**

*Public Health Act, 1936. Section 196.*

The Laboratory attached to Westmorland County Hospital in Kendal provided many of the necessary examinations of material obtained by the department. This laboratory has given extremely valuable service to the southern part of the County.

### **National Assistance Act, 1948.**

*Section 47. Compulsory Removal.*

It was not necessary during the year to deal with any cases requiring removal.

Such cases are extremely distressing to deal with and the course of compulsory removal is reserved to meet the emergencies of a last resort when all other methods of help have failed. Sometimes it is very hard to decide what is really in the best interests of the patient.

### **Bye-laws**

Bye-laws on public health matters are in force for :—

Building.

Slaughterhouses.

Food handling.

Water Misuse or Contamination.

### **New Legislation**

No new legislation came into force during the year.

APPENDIX "A."  
LABORATORY EXAMINATION OF THE PUBLIC WATER SUPPLIES.

Nature of Test	Standards Max.	Ambleside Raw	Ambleside Treated	Grasmere Raw	Grasmere Treated	Glen- ridding	Great Langdale Raw	Hartsop	Little Langdale
Pr. coli count 37° Faecal coli/strep	3-10 0	250 +	0	11 +	0	3 +	0	3 +	5 +
Character	...	Clear	Clear	Clear	Clear	Clear	Clear	Clear	Clear
Reaction pH	...	7.1	6.6	6.9	6.9	7.0	7.5	7.6	7.5
Ammonical Nitrogen	...	.01	.01	.01	.01	.01	.01	.01	.01
Albuminoid Nitrogen	...	.01	.01	.01	.01	.01	.01	.01	.01
Total Solids	...	36.0	37.6	36	35.6	32	41.6	44	39.6
Hardness—	1000								
Total Carbonate	...	16	16	16	16	15	23	29	23
Non-Carbonate	...	—	—	—	—	—	—	—	—
Chlorides	...	8	8.5	7	7	8	7.5	8	8.5
Nitrates	...	0	0	0	0	0	0	0	0
Nitrites...	...	0	0	0	0	0	0	0	0
0.2 Absorbed	...	1.13	.41	.29	.23	.33	.23	.18	.37
Heavy Metals	...	0	0	0	0	0	Lead .13	Zinc 1.0	0
Rainfall 24 hours	...	Heavy	Heavy	Snow	Snow	Heavy	Heavy	Heavy	Heavy
Date sampled	...	13.12.55	13.12.55	13.12.55	13.12.55	13.12.55	13.12.55	13.12.55	13.12.55
Laboratory	...	Liverpool	Liverpool	Liverpool	Liverpool	Liverpool	Liverpool	Liverpool	Liverpool

Chemical analyses expressed in parts per million.



